FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	· ·					
		(See instruction	ns)			Office use only
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typyin over the lines	ig, type	12FE4M5	
REPUBLICAN	NATIONAL COM	MITTEE	<u> </u>			
		11111	<u> </u>	1111		
ADDRESS (number and	d street) 310	FIRST STREET	SE 			
(Check if add	dress					
is changed)	WAS	SHINGTON		ш	DC	20003   -
COMMITTEE'S E-MA	AIL ADDRESS		CITY▲		STATE▲	ZIP CODE ▲
RNC2007@RI	EPNAT.COM					
<u> </u>						
COMMITTEE'S WEE	B PAGE ADDRESS (L	JRL)				·
WWW.RNC.C	)RG 					
COMMITTEE'S FAX	NUMBER					
با لبنا	ىنا لى					
2. DATE 0	M / D D / Y	2007				
3. FEC IDENTIFICATION NUMBER C C00003418						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete						
Type or Print Name of Treasurer  TIMOTHY J MORGAN						
Signature of Treasure	er Electronically File	ed by <b>TIMOTHY</b>	J MORGAN		Date 03	01 YYYYY 2007
NOTE: Submission of f			y subject the person sigr	_	•	Ilties of 2 U.S.C. S437g.
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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate				
	Name of Candidate					
	Candidate Office Party Affiliation Sought: House Senate President	State				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
		Democratic, epublican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party				
6.	Name of Any Connected Organization or Affiliated Committee					
L						
	Mailing Address					
	CITY STATE A	ZIP CODE 🛦				
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization	tion				
	Membership Organization Trade Association Cooperative					

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Write or Type 0	Committee Name							
REPUBL	ICAN NATIONAL	COMMITTEE						
		entify by name, address, (phone number optional), and position of the person in books and records.						
Full Name	Full Name  JAY C BANNING  LIVE STATE OF THE							
Mailing Add	ress _	310 FIRST STREET SE						
	_	WASHINGTON		20003				
Title or Posi	ition 🔻	CITY A	STATE▲	ZIP CODE A				
	ASSISTANT	TREASURER	Telephone number					
Full Name of Treasure Mailing Add		OTHY J MORGAN  310 FIRST STREET SE						
	_	WASHINGTON	DC	20003				
Title or Posi	ition 🔻	CITY ▲	STATE▲	ZIP CODE A				
	TREASURER	1	Telephone number 202	863 8560				
Full Name of Designated Agent	JAY C BA	NNING						
Mailing Add	ress _	310 FIRST STREET S	E					
	_	WASHINGTON	DC	20003 _				
Title or Posi	ition 🔻	CITY A	STATE A	ZIP CODE A				
	ASSISTANT	TREASURER	Telephone number 202	863 8560				

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<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.</li> <li>Name of Bank, Depository, etc.</li> </ol>					
	Mailing Address	ACHOVIA NATIONAL BANK  1970 CHAIN BRIDGE ROAD			
		MCLEAN YA	22102   _ [ _ , _ , _ , _		
		CITY △ STATE △	ZIP CODE △		